Form 5500-SF Short Form Annual Return/Report of Small Employe Benefit Plan						OMB Nos. 1210-011 1210-008			
Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employe									
Employee Be	epartment of Labor enefits Security Administration	Retirement Income Security Act of 1 the Internal F	B(a) of This Form is Open to Public Inspection			ublic			
Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF.									
Part I Annual Report Identification Information									
For calendar plan year 2012 or fiscal plan year beginning       01/01/2012       and ending       12/31/2012									
A This ret	urn/report is for:	🖌 a single-employer plan 🛛 🗌 a	multiple-employer pl	an (not multiemployer)		a one-particip	oant plan		
<b>B</b> This ret	urn/report is:	the first return/report	ne final return/report			_			
				n/report (less than 12 m	nths				
•									
							1111		
		special extension (enter description)							
Part II	Basic Plan Inform	nation—enter all requested informati	on						
<b>1a</b> Name					1b	Three-digit			
NORTH SHO	ORE LIFE AND HEALTH	AGENCY, INC. 401(K) PLAN				plan number (PN) ▶	001		
					10				
					IC	Effective date of 01/01/	•		
	oonsor's name and addre	ess; include room or suite number (em	ployer, if for a single-	employer plan)	2b	Employer Identi		ıber	
					2c	Sponsor's telep	hone numbe	ər	
	RT AVENUE TY, NY 11530				2d	516-248-0000Business code (see instructions)			
20.0				<b>A A H</b>	26	52421			
<b>3a</b> Plan a	dministrator's name and	address XSame as Plan Sponsor Na	me Same as Plan	Sponsor Address	30	Administrator's EIN			
	•	lan sponsor has changed since the las	st return/report filed fo	or this plan, enter the	4b	EIN			
a Sponse	•				<b>4c</b> PN				
5a Total r	number of participants at	the beginning of the plan year			5a			3	
		the end of the plan year			5b			3	
		count balances as of the end of the pla			30			5	
					5c			3	
						No			
<b>b</b> Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)									
under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)									
lf you	answered "No" to eith	er line 6a or line 6b, the plan cannot	use Form 5500-SF	and must instead use	Form	5500.			
Caution: A	penalty for the late or	incomplete filing of this return/repo	rt will be assessed	unless reasonable cau	se is	established.			
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.									
SIGN	Filed with authorized/va	lid electronic signature.	03/18/2013	RONALD ROSENFELD					
HERE	Signature of plan adn	ninistrator	Date	Enter name of individual signing as plan administrator					
SIGN									
HERE	Signature of employe	r/plan sponsor	Date	Enter name of individu	ual sid	signing as employer or plan sponsor			
Preparer's		ne, if applicable) and address; include				parer's telephone			

bTotal plan liabilities	Part III Financial Information								
b       Total plan labilities       Tb       0       0         c       Net plan assets (subtract line 7b from line 7a)       7c       207015       300442         a       Contributions received or receivable from.       8a(1)       2775       301442         a       Contributions received or receivable from.       8a(1)       2775       301442         a       Contributions received or receivable from.       8a(2)       2000       301442         (3)       Others (including relevers)       8a(2)       2000       301442         (3)       Others (including relevers)       8a(2)       0       15751         (4)       Benefits and (including relevers)       8a       0       15751         (5)       Other including relevers       8a       10376       15751         (6)       End including relevers       8a       10376       15751         (7)       Contrain decade advice concretive distributions (see instructions)       8a       0       15751         (7)       Transfers to (rom) he plan (see instructions)       8a       0       164       16567         (7)       Transfers to (rom) he plan (see instructions)       8a       0       16567         (7)       Transfers to (rom) he plan (see i	7 Plan Assets and Liabilities		(a) Beginning of Yea	ginning of Year			(b) End of Year		
c       Nepton assets (subtract line 7b from line 7a)	a Total plan assets	7a	29791	5			306482		
8       Income, Expenses, and Transfers for this Plan Year       (a) Amount       (b) Total         a       Contributions received or receivable from:       8a(1)       2775         (a) Participants       8a(2)       2000	<b>b</b> Total plan liabilities	7b		0			0		
a Contributions received or receivable from:       Be(1)       2775         (1) Employers:       Be(2)       2000         (2) Participante	C Net plan assets (subtract line 7b from line 7a)	7c	297915		306482				
(1)       Employers       8e(1)       2775         (2)       Participants       8e(2)       2600         (3)       Other income (loss)       8e(3)       0         (4)       Formation (adding relevers)       8e(3)       0         (5)       Other income (loss)       8e(3)       0       15751         (6)       Formation (adding relevers)       8e(3)       0       15751         (7)       Contain deemed and/or corrective distributions (see instructions).       8e       0       15751         (7)       Other agenesis       8g       0       0       15751         (7)       Other agenesis       8g       0       0       15751         (7)       Other agenesis       8g       0       0       15751         (7)       Transfers to (from the plan (see instructions).       8g       0       15751         (7)       Transfers to (from the plan (see instructions).       8g       0       15751         (7)       Transfers to (from the plan (see instructions).       8g       0       15851         (7)       Transfers to (from the plan (see instructions).       8g       0       150         (7)       During the plan cycat:       8g       0<	8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total		
(2) Participants		0-(4)	077	_					
O3       Others (including rollovers)       Ba(3)       0         03       Other income (loss)       Bb       10376         04       Deter income (loss)       Bb       10376         05       Other income (loss)       Bc       15751         05       Deter income (loss)       Bc       7184       15751         05       Other expenses       0       0       15751         06       Cratial income (loss)       Bd       7184       0       0         07       Other expenses       Bd       0       9       0       15751         07       Other expenses       Bd       0       9       0       156       15657         17       Transfers to (from) the plan (see instructions)       Bg       0       0       15667         17       Transfers to (from) the plan (see instructions)       Bg       0       0       156         18       Part IV       Plan Characteristics       9       0       156       157         19       If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:       257       21       3D       10a       X       25       21       30									
b       Other income (loss)       8b       10376         c       Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       115751         d       Benefits paid (including direct followers and insurance premiums at provide benefits)       7184       115751         d       Benefits paid (including direct followers and insurance premiums at provide benefits)       8d       7184       0         g       Other expenses       8g       0       0       0       0         f       Administrative service providers (salaries, frees, commissions)       8f       0       0       0         g       Other expenses       8g       0       0       0       0       0         f       Administrative service providers (salaries, frees, commissions)       8f       0									
c       Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)				-	_				
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)			1037	0			4 5 7 5 4		
to provide benefits)		80					15751		
f       Administrative service providers (salaries, fees, commissions)		8d	7184						
g       Other expenses       8g       0         h       Total expenses (add lines 8d, 6e, 6f, and 8g)       8h       7/164         i       Net income (loss) (subtract line 8h from line 8c)       8i       7/164         j       TransFers to (from) the plan (see instructions)       8i       0         g       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:       2E       23       3D         g       If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:       Pert V       Compliance Questions         D       Using the plan year       Yes       No       Amount         a       Was there a failure to transmit to the plan any participant contributions within the time period described in on line 103.       10a       X         D       Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on on line 103.       10a       X         C       Was the plan failed to provide any benefit when due under the plans?       10a       X       10a       X         C       Was the plan failed to provide any benefit when due under the plan?       10d       X       10d       X       10d       X         D       Use there any n	e Certain deemed and/or corrective distributions (see instructions)	8e		0					
h       Total expenses (add lines 8d, 8e, 8f, and 8g)	f Administrative service providers (salaries, fees, commissions)	8f		0					
i       Net income (loss) (subtract line 8h from line 8c)	g Other expenses	8g		0					
j       Transfers to (from) the plan (see instructions)       g       o         Part IV       Plan Characteristics       Plan Characteristics         9a       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:         2E       2.3       3D       If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:         Part V       Compliance Questions       Yes       No       Amount         0       During the plan year:       Yes       No       Amount         a       Vas there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3.102? (See instructions and DOL's Voluntary Fiduciary Correction Program)       10a       X         b       Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a)       10b       X         c       Was the plan covered by a fidelity bond?       10c       X       10c       X         d       Did the plan have a loss, whether or not reimbursed by the plan's fidelity und, that was caused by fraud or distonesty?       10d       X       10d       X         g       Did the plan have any participant loans? (If 'Yes," enter amount as of year end)       10g       X       10d       X <td>h Total expenses (add lines 8d, 8e, 8f, and 8g)</td> <td>8h</td> <td></td> <td></td> <td></td> <td>7184</td>	h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				7184			
Part IV       Plan Characteristics         9a       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:         2z       2J       3D         b       If the plan provides pension benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:         Part V       Compliance Questions         10       During the plan year:       Yes       No       Amount         a       Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)       10a       X         b       Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)       10b       X         c       Was the plan covered by a fidelity bond?       10c       X         d       Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonestry?       10d       X         g       Did the plan have any participant loans? (If 'Yes," enter amount as of year end).       10g       X         g       Did the plan have any participant loans? (If 'Yes," enter amount as of year end).       10g       X         g       Did the plan have any participant loans? (If 'Yes," enter amount as of year en	i Net income (loss) (subtract line 8h from line 8c)	8i					8567		
9a       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:         2f       2.3         0       If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:         Part V       Compliance Questions         10       During the plan year:         a       Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)       10a       ×         b       Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a)       10a       ×         c       Was the plan covered by a fidelity bond?       10c       ×          d       Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?       10d       ×          e       Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)       10g       ×          f       Has the plan failed to provide any benefit when due under the plan? (See instructions and 29 CFR 2520.101-3).       10g       ×          g       Did th	j Transfers to (from) the plan (see instructions)	8j		0					
2E       2J       3D         b       If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:         Part V       Compliance Questions         10       During the plan year:       Yes       No       Amount         a       Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)       10a       X         b       Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a,)       10b       X         c       Was the plan lave a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?       10c       X         d       Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?       10d       X         e       Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan's (See instructions, and plan's (See instructions, and plan's (See instructions, and plan's (See instructions, and 29 CFR, 10a       10g       X         g       Did the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       X       10f       X         f       <	Part IV Plan Characteristics								
10       During the plan year:       Yes       No       Amount         a       Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)       10a       X         b       Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)       10b       X       10a       X         c       Was the plan covered by a fidelity bond?       10c       X       10d       X         d       Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?       10d       X       10d       X         e       Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)       10d       X       10d		ature codes	from the List of Plan Charac	cteristi	ic Cod	es in the ins	structions:		
a       Was there a failure to transmit to the plan any participant contributions within the time period described in 10a       X         29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)       10a       X         b       Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a).       10b       X         c       Was the plan covered by a fidelity bond?       10c       X         d       Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?       10c       X         e       Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)       10d       X         f       Has the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       X         g       Did the plan have any participant loans? (If "Yes," enter amount as of year end.)       10d       X         i       If 10a was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.       10d       X         i       If 10a was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.       10i       Y      <					Voc	No	A		
b       Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)       10b       X         c       Was the plan covered by a fidelity bond?       10c       X         d       Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?       10d       X         e       Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)       10d       X         f       Has the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       X         g       Did the plan have any participant loans? (If "Yes," enter amount as of year end.)       10h       X         f       Has the plan fialed to provide any benefit when due under the plan?       10g       X         g       Did the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       X         i       If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.       10h       X         is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)       11a         12       Is this a defined contribu	a Was there a failure to transmit to the plan any participant contribut			102	103		Amount		
c       Was the plan covered by a fidelity bond?	<b>b</b> Were there any nonexempt transactions with any party-in-interest	? (Do not incl	ude transactions reported			X			
d       Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?       10d       ×         e       Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)       10d       ×         f       Has the plan failed to provide any benefit when due under the plan?       10f       ×         g       Did the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       ×         h       If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)       10g       ×         i       If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.       10i       ×         ext VI       Pension Funding Compliance       11a       11a         11 Is this a defined benefit plan subject to the minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form yes       11a         12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?.       Yes         (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)       4       11a         12 Is this a defined contribution plan subject to the minimum funding				100		Х			
e       Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)       10e       X         f       Has the plan failed to provide any benefit when due under the plan?       10f       X         g       Did the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       X         h       If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)       10h       X         i       If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.       10i       X         Part VI       Pension Funding Compliance       10i       X       Image: See instructions and complete Schedule SB (Form 5500) and line 11a below)       Image: See instructions and complete Schedule SB (Form 10)       Yes         11a       Enter the amount from Schedule SB line 39       Image: See instructions and complete Schedule SB (Form 10)       Yes         (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)       Image: See instructions, and enter the date of the letter ruli granting the waiver.       Month 20, Year       Year         If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.       Image: See instructions, and enter the date of the le	<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud				x			
g       Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See					^			
h       If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3	÷ ,		under the plan? (See	10e	x	~	290		
h       If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3	instructions.)		under the plan? (See		x		290		
exceptions to providing the notice applied under 29 CFR 2520.101-3	<ul><li>f Has the plan failed to provide any benefit when due under the plan</li></ul>	וייייייייייייייייייייייייייייייייייייי	under the plan? (See	10f	X	X	290		
11       Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)       Yes         11a       Enter the amount from Schedule SB line 39       11a         12       Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?       Yes         (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)       If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruli granting the waiver.       Month       Day       Year         If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.       Image: set the	<ul> <li>instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount as</li> <li>h If this is an individual account plan, was there a blackout period? (</li> </ul>	n? s of year end. See instructio	)	10f 10g	X	X	290		
11       Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)       Yes         11a       Enter the amount from Schedule SB line 39       11a         12       Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?       Yes         (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)       If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruli granting the waiver.       Month       Day       Year         If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.       Image: set the	<ul> <li>instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount as</li> <li>h If this is an individual account plan, was there a blackout period? (2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided the plan the p</li></ul>	n? s of year end. See instruction ne required no	) )	10f 10g 10h	x	X			
11a       Enter the amount from Schedule SB line 39       11a         12       Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?       Yes         (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)       If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruli granting the waiver.         Month       Day       Year         If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.       If a value of the line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	<ul> <li>instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount as</li> <li>h If this is an individual account plan, was there a blackout period? (2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101</li> </ul>	n? s of year end. See instruction ne required no	) ) ) ) ) )	10f 10g 10h	×	X	290		
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) <b>a</b> If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruli granting the waiver.         Month Day Year         If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	<ul> <li>instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount as</li> <li>h If this is an individual account plan, was there a blackout period? (2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101</li> <li>Part VI Pension Funding Compliance</li> <li>11 Is this a defined benefit plan subject to minimum funding requirement</li> </ul>	n? s of year end. See instruction re required no I-3 ents? (If "Yes	under the plan? (See )	10f 10g 10h 10i	Schec	X X X ule SB (For	m		
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) <b>a</b> If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruli granting the waiver.         Month Day Year         If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	<ul> <li>instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount as</li> <li>h If this is an individual account plan, was there a blackout period? (2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101</li> <li>Part VI Pension Funding Compliance</li> <li>11 Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)</li> </ul>	n? s of year end. See instruction re required no I-3 ents? (If "Yes	under the plan? (See ) ons and 29 CFR otice or one of the ," see instructions and com	10f 10g 10h 10i	Schec	X X X ule SB (For	m		
If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruli granting the waiver	<ul> <li>instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount as</li> <li>h If this is an individual account plan, was there a blackout period? (2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101</li> <li>Part VI Pension Funding Compliance</li> <li>11 Is this a defined benefit plan subject to minimum funding requirements500) and line 11a below).</li> </ul>	n? s of year end. See instruction re required no I-3 ents? (If "Yes	under the plan? (See )	10f 10g 10h 10i	Schec	X X X ule SB (For	'm □ Yes 🔀 No		
	<ul> <li>instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount as</li> <li>h If this is an individual account plan, was there a blackout period? (2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101</li> <li>Part VI Pension Funding Compliance</li> <li>11 Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below).</li> <li>12 Is this a defined contribution plan subject to the minimum funding</li> </ul>	n? s of year end. See instruction re required no I-3	under the plan? (See )	10f 10g 10h 10i	Schec	X X X ule SB (For	m Yes 🔀 No		
b Enter the minimum required contribution for this plan year	<ul> <li>instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount as</li> <li>h If this is an individual account plan, was there a blackout period? (2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101</li> <li>Part VI Pension Funding Compliance</li> <li>11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)</li> <li>11a Enter the amount from Schedule SB line 39.</li> <li>12 Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,</li> <li>a If a waiver of the minimum funding standard for a prior year is bein</li> </ul>	n? s of year end. See instruction le required no l-3 ents? (If "Yes requirements as applicable g amortized i	under the plan? (See )	10f 10g 10h 10i plete or se	Schec	X X X ule SB (For 11a 302 of ERIS	A? Yes X No		
	<ul> <li>instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount as</li> <li>h If this is an individual account plan, was there a blackout period? (2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101</li> <li>Part VI Pension Funding Compliance</li> <li>11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)</li> <li>11a Enter the amount from Schedule SB line 39.</li> <li>12 Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,</li> <li>a If a waiver of the minimum funding standard for a prior year is bein granting the waiver.</li> </ul>	n? s of year end. See instruction le required no l-3 ents? (If "Yes requirements as applicable g amortized i	under the plan? (See 	10f 10g 10h 10i plete or se	Schec	X X X ule SB (For 11a 302 of ERIS	m ☐ Yes X No A? ☐ Yes X No te of the letter ruling		

С	Enter	the amount contributed by the employer to the plan for this plan year	12c				
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a tive amount)	12d				
e Will the minimum funding amount reported on line 12d be met by the funding deadline?							
Part	Part VII Plan Terminations and Transfers of Assets						
13a	Has a	a resolution to terminate the plan been adopted in any plan year?	, ,	Yes X No			
	lf "Ye	es," enter the amount of any plan assets that reverted to the employer this year	13a				
<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?					Yes X No		
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)							
1	3c(1)	Name of plan(s): 1	<b>3c(2)</b> E	IN(s)	<b>13c(3)</b> PN(s)		
Part	VIII	Trust Information (optional)					

14a Name of trust	14b Trust's EIN